



# BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS

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TELEPHONE (916) 263-7800; FAX (916) 263-7855  
INTERNET ADDRESS: <http://www.bvnpt.ca.gov>



## APPLICATION FOR RENEWAL OF LICENSE (ATTACH RENEWAL FEE )

### Check One

☐ Vocational Nurse ☐ Psychiatric Technician

### Renewal application procedures:

1. Complete and sign the application for renewal of license.
2. Determine the appropriate renewal fee due based on the expiration date on your license from the accrued renewal fee schedule at [www.bvnpt.ca.gov/accrue2.htm](http://www.bvnpt.ca.gov/accrue2.htm).
3. Attach a check or money order made payable to the BVNPT. This is a nonrefundable fee. DO NOT SEND CASH.
4. Mail the application and fee to the above address.

DO NOT WRITE IN THIS SPACE

CA NUMBER

LICENSE NUMBER

### PRINT OR TYPE (DO NOT USE PENCIL)

1. NAME (LAST) (FIRST) (MIDDLE)		
2. ADDRESS (STREET OR BOX NUMBER) (APT. NO)		
3. CITY STATE ZIP		
4. BIRTHDATE (Month/Day/Year)	5. SOCIAL SECURITY NUMBER*	6. TELEPHONE NUMBER Business ( ) Home ( ) Area Code
7. LICENSE NUMBER: _____ LICENSE EXPIRATION DATE: _____		
8. IS THIS A NAME CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THIS AN ADDRESS CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO (Note: A request for a "name change" must be submitted with documentary evidence showing your new legal name (e.g., copy of your drivers license, social security card, divorce decree or marriage certificate).		
9. I WISH TO APPLY FOR THE FOLLOWING TYPE LICENSE: <input type="checkbox"/> Active (Complete the continuing education information below in Section 10) <input type="checkbox"/> Inactive (Fee required is the same as fee for an active license)		
10. NOTE: YOU ARE REQUIRED TO MAINTAIN CONTINUING EDUCATION RECORDS FOR 4 YEARS. PLEASE SPECIFY THE THIRTY (30) HOURS OF CE COURSES COMPLETED WITHIN THE PRECEDING TWO YEARS.		
DATES (Month & Year)	PROVIDER NUMBER	COURSE NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL		_____
11. SINCE YOU LAST RENEWED YOUR LICENSE, HAVE YOU EVER BEEN CONVICTED OR PLED NOLO CONTENDERE TO ANY VIOLATION OF ANY LAW OF ANY STATE IN THE UNITED STATES OR A FOREIGN COUNTRY? (You are required to list any conviction that has been set aside and/or dismissed under Penal Code Section 1203.4.) <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "YES", please attach explanation.</i>		
12. <b>PLEASE READ CAREFULLY BEFORE SIGNING.</b> False statements included in this application can result in license denial. "I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct."		
SIGNATURE: _____		DATE: _____

### \* SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT –

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [(42 USCA (c)(2)(C))] authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.